

# ANNUAL CHILD CARE IMMUNIZATION REPORT

Please **TYPE** or **PRINT** in **INK**

Name of Child Care Facility \_\_\_\_\_ Phone \_\_\_\_\_

Street Address (not P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Email Address: \_\_\_\_\_ Operator \_\_\_\_\_ Facility License Number \_\_\_\_\_  
 (if you have an email to provide)

Please read Instructions on back of form.

Total Number of Children enrolled: \_\_\_\_\_ Total Number of Children without a shot record: \_\_\_\_\_

Name of child	Date of Birth	Medical exemption on file? (yes or no)	Religious exemption on file? (yes or no)	# of DTP, DTaP, and DT doses	# of OPV and IPV doses	# of Hib doses And Date of last dose	# of MMR doses on or after age one	# of Hep B doses	# of Varicella doses or date of disease	# of PCV7 (Prevnar) (not a required vaccine)	# of Hep A (not a required vaccine)

**According to state law, state or local health officials may inspect your records any time during normal business hours.**

This report is true and accurate. \_\_\_\_\_  
 (Please sign and date each page)                      Signature of Operator/Owner                      Date                      Person Preparing Report

**Purpose:** To provide child care operators with a means of fulfilling their legal obligations to assure that all children are properly immunized. This form is required by North Carolina Law (G.S. 130A-155) and is used for yearly statistical analysis.

**Instructions:** (Review the enclosed handout “Children in Child Care – What SHOTS Do They Need”? before completing this report.)

**Note: If you have a system for tracking immunizations at your center and can provide a computer printout that includes the same information as listed on this form, you can submit that printout instead of completing this form. The printout must be signed by the Operator. The printout must be mailed to the Immunization Branch and your local health department.**

- Complete and mail this report by **December 1**. Press firmly to assure that all copies are readable.
- Complete the top portion of this form by filling in your facility information. Include facility license number.
- If your center is closed, please write closed across the form and mail it to the Immunization Branch
- If your center has no children enrolled, please write zero in the total enrollment line and mail in the form.
- For each child in your facility, enter their first name, their last name and their date of birth. Initials are not acceptable.

*You do not need to include school aged children who are enrolled in school.*

- For children with medical or religious exemptions on file enter ‘YES’ in the appropriate column.

**Medical Exemption:** A doctor licensed to practice medicine in NC must sign, date, and put in writing that a specific immunization is or may be harmful to a child’s health for a specific reason. Medical exemption statements are required by law to be on file at the facility and should state how long the exemption will last.

**Religious Exemption:** Parents who claim a religious objection to immunizations must provide to the facility a signed, dated statement indicating that receiving immunizations is against their bona fide religious beliefs. Religious Exemption Statements are required by law to be on file at the facility.

- Enter the total number of doses of each vaccine the child has received.
- The last two vaccines listed in the chart (PCV7 or Prevnar and Hep A) are recommended vaccines and not required vaccines for children in child care to have. If the child has received doses of these vaccines, please put the number of doses in the appropriate box, if they have not received any Prevnar or Hep A, you can put a zero or leave blank.
- The operator and the person completing the report **must sign and date it**. Unsigned reports will be returned for signature.
- As soon as you have completed this report:

**Mail the white copy to:** Immunization Branch  
NC Department of Health and Human Services  
Division of Public Health  
1917 Mail Service Center  
Raleigh, NC 27699-1917

**Mail the yellow copy to:** Your Local Health Department Immunization Program

**Keep the pink copy for your records.**